

**STATE OF ALABAMA
DEPARTMENT OF INSURANCE
OFFICIAL LIST**

PLEASE COMPLETE THIS FORM CORRECTLY AS THE DEPARTMENT'S RECORDS ARE MAINTAINED FROM THE COMPANY'S OFFICIAL LIST ON FILE. IF THIS FORM IS NOT COMPLETED IN FULL, IT WILL BE RETURNED TO THE COMPANY.

_____, 20____
NAIC # (Name of Company) (Date Completed)

I. STATUTORY HOME OFFICE in state of domicile

Street Address _____

City, State and Zip _____

Telephone No.: _____ Toll Free No.: _____

II. MAIN ADMINISTRATIVE OFFICE

Street Address _____

City, State and Zip _____

Telephone No.: _____ Telephone No.: _____

E-MAIL Address: _____

III. MAILING ADDRESS or POST OFFICE BOX

Street Address _____

City, State and Zip _____

Telephone No.: _____ Toll Free No.: _____

IV. THE FOLLOWING PERSONS OCCUPY THE OFFICIAL POSITIONS NAMED BELOW:

OFFICIAL TITLE

NAME

OFFICE ADDRESS

President..... _____

U. S. Manager..... _____

Secretary _____

General Agents (AL) _____

Service of Process Agent (AL) _____

V. COMPLETED BY: _____ **Telephone No.:** _____